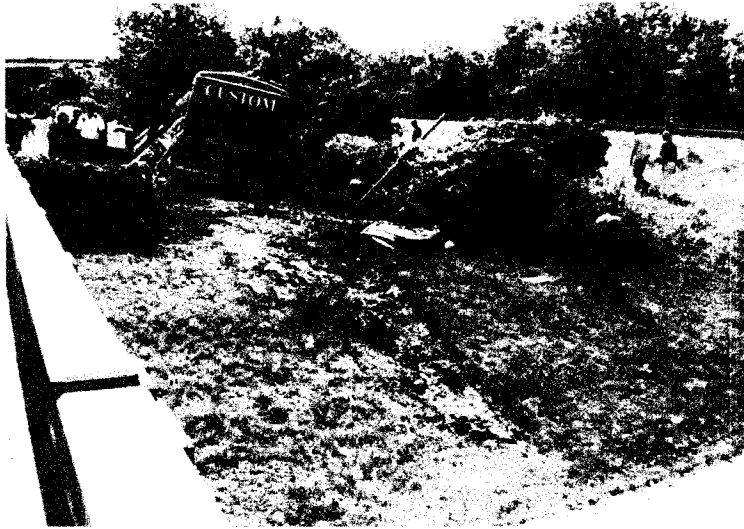


Driving a vehicle and/or working in a safety sensitive job is dangerous.

A momentary lapse of concentration can result in serious injury or death.

Louisiana 1999



22 dead, 16 severely injured, 5 minor injuries
Driver was under the influence of marijuana (THC 8ng/ml)

A person under the influence of marijuana is impaired:

Drivers cause crashes

Employees cause workplace injuries, death, and property damage

It isn't just the user's life in danger

Montana Drivers and Marijuana:

- 2006 Alcohol and/or drug related fatal crashes 43.8% of total¹
- 2008 1311 DUI specimens analyzed by Montana crime lab²
 - Positive findings: 65% alcohol, 30% drugs, 35% poly drugs, 44% drugs & alcohol
 - In specimens positive for drugs: cannabis found in 43.9%
 - 169 specimens positive for cannabis
 - 107 specimens THC > 2 ng/ml
 - 85 specimens THC + alcohol
 - 33 specimens THC in a fatality

SB 326 Impairment from Marijuana

Scientific evidence of impairment from marijuana:

- Laboratory based [animal & human]
 - Physiologic [e.g, DSST, Critical tracking, Stop signal]
 - Cognitive [e.g., Wechsler, Tower of London]
- Simulated task [driving, machinery]
 - Cars on a test course [knock over the cones]
 - Computer based simulators
- Epidemiologic
 - Population crash/death/injury risk
 - Drug use in the population

Drugs and Human Performance Fact Sheets³

- National Highway Traffic Safety Administration
- Panel of international experts
 - Psychopharmacology, behavioral psychology, drug chemistry, forensic toxicology, medicine, and law enforcement officers trained in the recognition of drug effects on drivers
- Identified the specific effects that both illicit and prescription drugs have on driving
- Developed guidance for others when dealing with drug-impaired driving problems
- Cannabis/marijuana fact sheet:
 - “Epidemiology data from road traffic arrests and fatalities indicate that after alcohol, marijuana is the most frequently detected psychoactive substance among driving populations.”
 - “Decreased car handling performance, increased reaction times, impaired time and distance estimation, inability to maintain headway, lateral travel, subjective sleepiness, motor incoordination, and impaired sustained vigilance have all been reported.”
 - “Mixing alcohol and marijuana may dramatically produce effects greater than either drug on its own.”

Pot Smoking Pilots⁴

- Simulator flights 0, 0.25, 4, 8, 24, 48 hr after smoking marijuana
- Significant effects at 24 hours, recovered at 48 hr
- “At 8 and 24 hours pilots reported no subjective experience of the drug’s effect, even though objective measures of performance showed decrements.”



*If smoking marijuana doesn't make
sense here,
does it make sense when you drive?*

Canadian Public Health Association

400-1565 Carling Avenue

Ottawa, ON, K1Z 8R1

Tel: 1-613-725-3769

Fax: 1-613-725-9826

<http://www.potanddriving.cpha.ca/>

E-mail: potanddriving@cpha.ca

Some of the Many Endorsers of Medical MJ Access for Patients

(Excludes all but one foreign and all legal international/national groups and
all regional or state-level groups similar to those listed)

- The American Academy of HIV Medicine
- American College of Physicians
- Leukemia & Lymphoma Society
- The American Nurses Association
- The American Public Health Association
- The American Society of Addiction Medicine
- American Academy of Addiction Psychiatry
- Arthritis Research Campaign
- British Medical Association
- HIV Medicine Association of the Infectious Diseases
Society of America
- The Lymphoma Foundation of America
- The National Association for Public Health Policy
- The National Nurses Society on Addictions
- The Episcopal Church
- The Presbyterian Church USA
- The United Church of Christ
- The United Methodist Church's Board of Church and
Society
- The Union of Reform Judaism
- The Unitarian Universalist Association

NEW APPLICATION FORM
Registration for the Montana Medical Marijuana Program

Instructions: **Please complete all information to comply with the registration requirements of the Montana Medical Marijuana Act.** If applicant is a minor (under 18), the custodial parent or legal guardian with responsibility for health care decisions must be listed as the Primary Caregiver and the information requested on the back of this form must be completed. List your current Montana Drivers License number **or** your Montana State Identification Card number if applicable **and** your Social Security Number. Please type or print legibly.

QUALIFYING PATIENT INFORMATION (REQUIRED)

NAME (LAST, FIRST, M.I.): _____ MALE ___ FEMALE ___

DATE OF BIRTH: _____ MT DRIVERS LICENSE OR MT STATE ID # _____ SSN _____

MAILING ADDRESS: _____ COUNTY _____ PHONE # _____

CITY: _____ STATE _____ ZIP CODE _____ EMAIL ADDRESS _____
(OPTIONAL)

CAREGIVER (IF APPLICABLE)

NAME (LAST, FIRST, M.I.): _____ MALE ___ FEMALE ___

DATE OF BIRTH: _____ MT DRIVERS LICENSE OR MT STATE ID # _____ SSN _____

MAILING ADDRESS: _____ COUNTY _____ PHONE # _____

CITY: _____ STATE _____ ZIP CODE _____ EMAIL ADDRESS _____
(OPTIONAL)

NEW REGISTRATION FEE (REQUIRED)

The registration fee for a NEW application is \$50.00 and is non refundable unless the applicant is denied.

Enclose your check or money order made payable to "DPHHS /LICENSURE BUREAU"

SIGNATURE & DATE REQUIRED

QUALIFYING PATIENT SIGNATURE: _____ DATE: _____

"QUALIFYING PATIENT" Means a person who has been diagnosed by a physician as having a Debilitating Medical Condition.

CAREGIVER SIGNATURE: _____ DATE: _____

As the CAREGIVER for the Qualifying Patient named above, I agree to provide Medical Marijuana only to this Qualifying Patient. I have never been convicted of a felony drug offense. I understand that I am subject to a mandatory background check.

(OVER)

DECLARATION OF PERSON RESPONSIBLE FOR MINOR

INSTRUCTIONS: Complete all information in order to comply with the registration requirements of the Montana Medical Marijuana Act. This portion is required in addition to the patient application portion if the qualifying patient is under 18 years of age.

1. I am the __Custodial Parent or __Legal Guardian with responsibility for health care decisions for:

MINORS NAME

2. The applicant's attending physician has explained to the minor and me the potential risk and benefits of the medical use of marijuana.
3. I consent to the use of marijuana by the applicant for medical purposes.
4. I agree to serve as minor's designated primary caregiver; AND
5. I agree to control the acquisition of marijuana and the dosage and frequency of use by the minor.

NAME (LAST, FIRST, M.I.): _____ MALE _____ FEMALE _____

DATE OF BIRTH: _____ MT DRIVERS LICENSE OR STATE ID # _____ SSN _____

MAILING ADDRESS: _____ TELEPHONE NUMBER _____

CITY: _____ STATE _____ ZIP CODE _____ EMAIL ADDRESS _____
(optional)

SIGNATURE OF CUSTODIAL PARENT OR LEGAL GUARDIAN: _____

MAIL APPLICATION FORM TO: DPHHS / QUALITY ASSURANCE DIVISION
LICENSURE BUREAU
PO BOX 202953
HELENA MT 59620-2953

ATTENDING PHYSICIAN'S STATEMENT-NEW APPLICATION
Montana Medical Marijuana Program

Instructions: Please complete all sections of this form in order to comply with the registration requirements of the Montana Medical Marijuana Act. **This does not constitute a prescription for marijuana.**

PATIENT INFORMATION

PATIENT NAME (LAST, FIRST, M.I.): _____

DATE OF BIRTH: _____ TELEPHONE NUMBER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHYSICIAN'S INFORMATION

PHYSICIAN NAME: (PLEASE PRINT LEGIBLY): _____

PHYSICIAN'S MONTANA LICENSE NUMBER: _____

MAILING ADDRESS: _____ TELEPHONE NUMBER: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHYSICIAN'S STATEMENT

Medical Marijuana may be used for debilitating medical conditions. Please specify patient's condition by checking all appropriate boxes:

- ☐ 1. Cancer, Glaucoma, or Positive status for Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome. (AIDS)
- ☐ 2. A chronic or debilitating disease or medical condition or it's treatment that produces one or more of the following for this patient:
 - ☐ a. Cachexia or wasting syndrome
 - ☐ b. Severe or chronic pain
 - ☐ c. Severe nausea
 - ☐ d. Seizures, including but not limited to seizures caused by epilepsy
 - ☐ e. Severe or Persistent muscle spasms, including but not limited to spasms caused by multiple sclerosis or Crohn's Disease
 - ☐ Other symptoms caused by above conditions (specify): _____

I hereby certify that I am a physician duly licensed to practice medicine in Montana under MCA Title 37, Chapter 3. It is my professional opinion that after having completed a full assessment of the afore named patient's medical history and current medical condition, made in the course of a bona fide physician/patient relationship, that this patient has a debilitating medical condition as listed above. The potential benefits of medical marijuana will likely outweigh the health risks for this patient.

PHYSICIAN'S SIGNATURE _____ DATE _____